MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER I" AMENDMENT 2 ™ AMENDMENT AS FILED AFTER I"AMENDMENT IND. 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND TOTAL DEI TOTAL DEP TOTAL TOTAL CLAIMS

CLAIMS